PTO/SB/17 (10-08)
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Under the Pa	aperwork Reduction Act of	1995, no person are requ	uired to re	spond to a collectio				control numbe	
Food purguant to	Effective on 12/08/2	,,,,, -	Complete if Known Application Number 10/719,493-Conf. #3218						
FEE TRANSMITTAL For FY 2009						November 21, 2003			
				<u> </u>		Arthur M. Krieg			
						A. Gussow			
Applican	at alaima amall antity atat	o Soc 27 CED 1 27	_ F						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1643 Attorney Docket No. C1039,7002			IS01		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No. C1039.7002					
METHOD OF	PAYMENT (check	all that apply)							
Check	x Credit Card	Money Order	None	Other (I	please identify	r):			
Deposit Ac	ccount Deposit Account N	lumber: 23/28	325	Deposit A	Account Name:	Wolf, Green	field & Sac	ks, P.C.	
For the	above-identified depo	sit account, the Dire	ctor is h	nereby authorize	d to: (checl	k all that apply)			
c	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe								
	harge any additional fe e(s) under 37 CFR 1.		ents of	x Credit	any overpa	yments			
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND EX	(AMINATION FEES	i						
	FIL	ING FEES	SEA	RCH FEES	EXAMIN	ATION FEES			
Application T	ype Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity	
Fee Description	<u>l</u>						Fee (\$)	Fee (\$)	
	r 20 (including Reissu						52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple depen	dent claims						390	195	
Total Claims Extra Claims Fee (\$)		Fee			ultiple Depende				
	ber of total claims paid for,	x = if greater than 20.			Fee	<u> </u>	ee Paid (\$	1	
Indep. Claims	Extra Claims	0	Fee	Paid (\$)				_	
	- 3 or HP =	x =							
HP = highest num	nber of independent claims	paid for, if greater than 3	l.						
3. APPLICATIO		1100 1			. 11 (11				
	ation and drawings ex der 37 CFR 1.52(e)), t)	
	action thereof. See 3.				or sman en	arty) for each ac	iditional 50	,	
Total Sheet		` ' ' ' '		ditional 50 or frac	tion thereof	Fee (\$)	Fee F	Paid (\$)	
	100 =	/50 =	(round up to a who	le number) 🤉	x =	=		
4. OTHER FEE	` '						<u>Fees</u>	<u> Paid (\$)</u>	
_	Specification, \$130	•	•						
Other (e.g.,	late filing surcharge):	1806 Submission	n of an	Information Di	isclosure S	Statement	18	0.00	
SUBMITTED BY		•	1-						
Signature	/Helen C. Lockhar	t/		Registration No. Attorney/Agent)	39,248	Telephone	617.646.8000		
Name (Print/Type) Helen C. Lockhart						Date	August 23, 2010		

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).							
Dated: _August 23, 2010	Signature: _/Sara J. L. Douglas/	_ (Sara J. L. Douglas)					